

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: James Kellett et al.

Serial No.: Unknown

Examiner: Unknown

Filing Date: October 30, 2003

Group Art Unit: Unknown

For: EMBOLECTOMY DEVICES

Docket No.: 1001.1694101

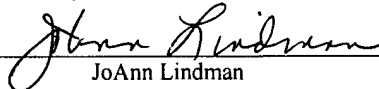
TRANSMITTAL SHEET

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certifies that this paper or papers, as described herein, are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of : EV315609445US, in an envelope addressed to: Mail Stop PATENT APPLICATION, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450., 20231 on this 30th day of October, 2003.

By


JoAnn Lindman

We are transmitting herewith the attached Patent Application including the following:

[X] 27 sheet(s) of specification.

[X] 57 claim(s).

[X] 1 sheet(s) of Abstract.

[X] 11 sheet(s) of formal drawings.

[X] Executed Declaration and Power of Attorney.

[] A verified statement(s) to establish small entity status under 37 C.F.R. 1.9 and/or 1.27 is enclosed.

[X] An Assignment of the invention to SCIMED LIFE SYSTEMS, INC. is being filed contemporaneous with this patent application.

[] A certified copy of a _____ application, serial no. _____, filed _____, 19____, the right of priority of which is claimed under 35 U.S.C. 119.



16076 U.S. PTO

17548 U.S. PTO
10/698760



CLAIMS AS FILED						
	(1)	(2)	SMALL ENTITY		OTHER	
FOR:	# FILED	# EXTRA	Rate	Fee	Rate	Fee
BASIC FEE				\$385		\$770
TOTAL CLAIMS	57 -20 =	37	x9=	\$	x18=	\$666
INDEPENDENT CLAIMS	5 -3 =	2	x43=	\$	x86=	\$172
() MULTIPLE DEPENDENT CLAIM PRESENTED			+140=	\$	+280=	\$
TOTAL			\$		\$1,608	

*If the difference in Column (1) is less than zero, enter "0" in Column 2.

[] Other _____.

[X] A check in the amount of \$ 1,608.00 is enclosed.

[X] Postcard Receipt.

[X] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By: _____

Glenn M. Seager, Reg. No. 36,926

Customer No. 28075
 CROMPTON, SEAGER & TUFTE, LLC
 1221 Nicollet Avenue
 Suite 800
 Minneapolis, Minnesota 55403-2420
 Tel: (612) 677-9050
 Fax: (612) 359-9349